

Foster Family Home - Deficiency Report

Provider ID: 1-220038

Home Name: Zianne Mianca Soria, CNA

Review ID: 1-220038-6

4483 Luaole Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 2/8/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 2/8/2024).

6.(d)(1): No evidence of current 1147 form completed for client #2. No documentation noted within the past 12 months.

CCFFH requests to increase from 2 bed to 3 bed CCFFH.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(5): No evidence by CCFFH of confidentiality training completed for CG#2, CG#3, CG#4, and CG#5. No documentation provided by CCFFH.

16.(c)(1): No documentation provided by CCFFH of client #1's authorization to use or disclose information.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7): Evidence of lapses for tb clearances for CG#1, CG#3, and CG#5. Documents provided by CCFFH show lapses from 7/3/2023 to 1/11/2024 for CG#1, 4/09/2023 to 1/12/2024 for CG#3, and 8/06/2023 to 1/12/2024 for CG#5.

41.(e): CCFFH applying to be 3 bed CCFFH. All [REDACTED] caregivers are only approved for 2 client CCFFH.

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Fire Safety

[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence by CCFFH of CG#2 conducted at least one fire drill in the past 12 months. No documentation provided.

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Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Evidence of strong urine odor present in client #2's room.

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Records

[11-800-54]

54.(c)(4) Client's emergency management procedures;

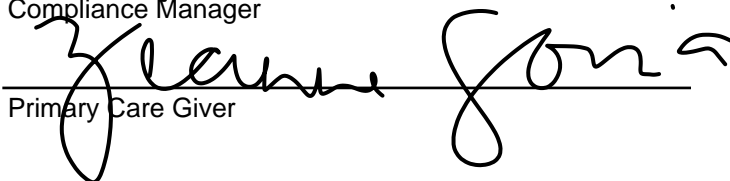
Comment:

54.(c)(4): No evidence by CCFFH of emergency protocol procedures for client #1. No documentation provided by CCFFH.

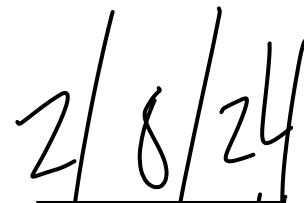
54.(c)(8): No evidence of client #1's personal belongings were documented since admission. No documentation provided by CCFFH.



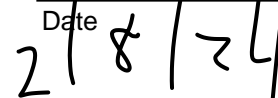
Compliance Manager



Primary Care Giver



Date



Date